



**JOINT MEETING OF THE
MCLEAN COUNTY BOARD OF HEALTH AND BOARD FOR THE CARE
AND TREATMENT OF PERSONS WITH DEVELOPMENTAL
DISABILITIES**

NOTICE OF MEETING AND AGENDA

**McLean County Health Department
200 West Front Street, Room 322
Bloomington, IL 61701**

**Wednesday, June 10, 2015
2:00 PM- 3:00 PM**

- I. Roll Call
- II. Establish an Agenda
- III. Appearance by Members of the Public
- IV. New Business
 - A. Items for Discussion
 - 1. Community Assessment and Planning
 - a. Links to Community Assessments/Plans
 - b. MHAB By Law Revisions
 - c. MHAB Board Member Recruitment
 - 2. Outcomes
 - a. Quarterly Report Form
 - b. Quarterly Report Guidance
 - c. Draft CY16 Quarterly Report Template
 - d. Funder Partner Mandated Meeting – Tentative October 2015
- V. Board Issues
- VI. Adjournment

Links to Multiple Plans

McLean County Mental Health Action Plan

<http://www.mcleancountyil.gov/CivicAlerts.aspx?AID=188>

IPLAN

<http://health.mcleancountyil.gov/index.aspx?nid=112>

MHA

<http://mcmha.com/>

Advocate Health/BroMenn

<http://www.advocatehealth.com/bromenn/amgbehavioralhealth>

OSF

<https://www.osfhealthcare.org/st-joseph/>

League of Women Voters

<http://lww.org/>

United Way

<http://www.uwaymc.org/>

REVISED DRAFT

BYLAWS McLEAN COUNTY MENTAL HEALTH ADVISORY BOARD

ARTICLE I NAME

The name of this Advisory Board shall be McLean County Mental Health Advisory Board.

ARTICLE II PURPOSE

The purpose of the Board is to advise and assist the McLean County Board of Health regarding mental health and its relationship to the public health of the county. The Board will provide counsel, direction, and advice on topics of mental health as directed by the Board of Health and its staff. The Advisory Board will assist the Board of Health in addressing mental health aspects of community wellness and population based disease control through health promotion, early intervention, and health protection. The Board shall:

1. Work closely with the Behavioral Health Program Manager.
2. Assist the Board of Health in its development of the strategic plan utilizing the county-community action plan as one of many points of reference to model the goals and objectives of the McLean County Health Department in its relation to mental health services.
3. Assist with updating the mental health strategic plan on a schedule determined by the Board of Health.
4. Evaluate priorities for funding based on its strategic plan.
5. Analyze data collected.
6. Assist with the reviewing and evaluating funding requests.
7. Report to the Board of Health on a schedule determined by the Board of Health.

ARTICLE III MEMBERS

SECTION 1. Number. The Advisory Board shall consist of no less than nine members and no more than eleven with special knowledge and interest in the field of mental health. The Advisory Board shall include one member of the Board of Health and one member of the County Board. The County Board Chairman shall recommend a County Board representative who will be appointed by the Board of Health President. A vacancy shall not prevent the Advisory Board from conducting business.

SECTION 2. Conflict of Interest. In an effort to assure Advisory Board members are committed to providing unbiased counsel, direction, and advice to the Board of Health, especially in regards to 553 (behavioral health) funding, special care should be taken to exclude members that are employed or affiliated, personally or professionally, with agencies or programs funded by or having contractual obligations with the 553 Levy.

SECTION 3. Appointment and removal. Members of the Advisory Board shall be appointed by the President of the Board of Health. Removal results from formal action by the

Advisory Board members with the consent of the Board of Health. Recommendations for membership will be accepted from any source.

SECTION 4. *Term.* Initially, 3 members shall be appointed for terms of 1 year, 3 members shall be appointed for terms of 2 years, and 3 members shall be appointed for terms of three years. Thereafter all members' terms shall be for 3 years. This does not preclude any member from being reappointed.

SECTION 5. *Compensation.* All members of the Advisory Board shall serve without compensation.

SECTION 6. *Voting.* Each member of the Advisory Board shall be entitled to one vote on any matter submitted to a vote of the Advisory Board.

SECTION 7. *Staff members.* Staff support and resources will be provided by the Health Department.

SECTION 8. *Board of Health representative.* The Health Department Director or the Behavioral Health Program Manager shall act as representatives of the Board of Health.

ARTICLE IV MEETINGS

SECTION 1. *Regular Meetings.* Regular meetings of the Advisory Board shall be held at least two times per year.

SECTION 2. *Special Meetings.* Special meetings of the Advisory Board may be held on call of the Health Department Director, the Board of Health, the Chairperson of the Advisory Board, or by any three (3) members of the Advisory Board.

SECTION 3. *Notice of Meeting.* Written notice stating the date and hour of each meeting shall be delivered, mailed, or electronically communicated to each member not less than five days before each meeting. Announcement of meetings will be made through the local media.

SECTION 4. *Quorum.* A quorum for the purpose of holding a meeting shall consist of not less than 50 % of the active members of the Advisory Board.

SECTION 5. *Manner of Acting.* A quorum present, the act of a majority of the members present shall constitute the action of the entire Advisory Board, except as may be otherwise provided in these Bylaws.

SECTION 6. *Parliamentary Procedure.* *Robert's Rules of Order*¹ are adopted.

ARTICLE V COMMITTEES

Subcommittees specializing in behavioral health aspects of the County, specifically mental illness and substance abuse, may be appointed.

ARTICLE VI WORK GROUPS

Work groups may be appointed by the Behavioral Health Program Manager as needed to accomplish specific objectives.

ARTICLE VII BOOKS AND RECORDS

The Advisory Board shall keep minutes of all proceedings of the Advisory Board and such other books and records as may be required for the proper conduct of its business and affairs.

ARTICLE VIII AMENDMENTS

These Bylaws may be amended at any regular or special meeting of the Advisory Board. Written notice of the proposed Bylaw change shall be mailed or delivered to each member at least five (5) days prior to the date of the meeting. Changes in the Bylaws must be approved by the President of the Board of Health. Bylaw changes require a two-thirds (2/3) majority vote of the Advisory Board members present.

¹Roberts, Henry N. *Robert's Rules of Order, Newly Revised* (Glenview, ILL.:Scott, Foresman & Co., 1981).

McLean County
Mental Health Advisory Board

(55 ILCS 5/5-25025)(b) states, "The president or chairman of the county board of health shall appoint a mental health advisory board composed of not less than 9 nor more than 15 members who have special knowledge and interest in the field of mental health. Initially, 1/3 of the board members shall be appointed for terms of one year, 1/3 for 2 years, and 1/3 for 3 years. Thereafter, all terms shall be for 3 years. This advisory board shall meet at least twice each year and provide counsel, direction, and advice to the county board of health in the field of mental health."

The MHAB would act as a trusted advisor to the BOH. The BOH will retain and exercise final responsibility for policy, priorities, budgeting, and appropriations. By-Laws for the MHAB provide structure such as purpose, duties, membership, officers, meetings, etc. Responsibilities would include:

- Work closely with the Behavioral Health Program Manager
- Utilize community needs assessments including, but not limited to a County Community Mental Health Plan, Community Health Plans, United Way Assessments and other pertinent planning and assessment documents to assist in: promoting optimal community health and wellness, avoiding duplication of efforts, ensuring accurate measure of need, identifying areas of improvement, and encouraging integrated community behavioral health planning
- Assist the BOH in its development of strategic funding objectives, utilizing their knowledge and interest in the field of behavioral health to assist them in advising the BOH in determining tax supported funding priorities
- Assist the BOH in analyzing and interpreting behavioral health data as it applies to BOH priorities
- Assist Program Manager in reviewing and evaluating tax supported funding requests
- Report to the BOH on a schedule determined by the BOH

As an advisory body of a subsidiary of McLean County, it would be subject to the Open Meetings Act.

Agency:

Projected Individuals/Hrs Provided

Primary problem area(s) of clients served:

Please attach a brief narrative of:
 Program Activities
 Progress in achieving program objectives
 Problems encountered and how they were handled

Quarterly Reporting Guidance

Provide information only for BOH funded activities engaged in during the current reporting period. Please use the provided template titled FY 2015 Quarterly Agency Service Statistics.

Clients

Report the total number of clients served in the grant funded programs. Clients will be defined in two categories: New and On-Going. The goal is to obtain an unduplicated count of the number of individuals served in a granting cycle.

New Clients

New clients are new to your agency. Meaning, this is the first time they received services at your agency or the client's case was closed by your agency and the client is returning as a new client.

Examples

Report the total number of new clients (new to agency) receiving psychiatric services.

Report the total number of clients (new to agency) enrolled in XYZ group session.

On going clients

Report the total number of on-going clients. Remember this is an unduplicated count. During the first quarter, this count will include all clients engaged in on-going services at your agency. This number should also be reflective of closed clients. Essentially, if a client is closed during a quarter, the client will not be counted in the following quarter report. For example, if a client is closed in the second month of the second quarter, the client will continue to be counted in the second quarter's quarterly report. However, in the 3rd quarter, the client will not be included in the 3rd quarter report of on-going clients.

Demographics

At this time, gender and age are the only items being requested.

Gender

Choices: Male, Female, Other

This category should be the total number of new clients and the total number of on-going clients.

Age Group

Choices:

Infants (0-3)

Youth (4-13)

Teens (14-18)

Adults (19-59)
Seniors (60 & up)

Record the appropriate age category for those served in the reporting period. This number should match the total number of new clients and on-going clients served in the quarter.

Residence

Choices:

Bloomington

Normal

Other: If other, please list the location.

Events/Visits

Depending on the objectives defined in your application, you may wish to record events. Events can be used as an area to tally the number of times you have face to face contact with a client. The number should be indicative of the number of interactions that occur with a client and/or on behalf of a client.

Examples

During the first quarter your agency has 11 new clients and 32 ongoing clients. During the current reporting period, the therapist has a total of 222 face to face contacts with the 43 clients. The agency would record 222 in the event column.

In the first quarter the hospital requests crisis services. The worker conducts an assessment and learns the client is new to their agency. The client is included in the new client count. Once the client is released from the hospital, the client is seen for a total of 4 counseling appointments. For that quarter, you would report 5 events.

Your staff set up a booth at three health fairs, speak with two high school classes, and present information about services in a private agency team meeting. You would record 6 community events.

Client hours

Report the number of client hours in the current reporting period. This number will be reflective of the total number of hours per client served in a quarter.

Staff hours

Report the total number of funded staff hours in the reporting period. This number includes face to face contact time, phone contact time, time spent on assessments, time spent completing paperwork.

Referral Source:

List your primary referral sources for new clients served during the reporting period.

For example, you served 11 new individuals this reporting period. 2 were referred by Bloomington High School 1 was referred by the Normal Police Department, 4 were self referrals, 2 were referred by primary doctor Smith, 1 referred by DCFS and 1 from a private therapist.

Primary Problem areas of clients served

Describe the primary problem areas of those your agency serves. For example, the majority of our new referrals are impacted by homelessness. You may also use diagnoses, level of functioning, etc. Use what best describes the population you indicated you would serve in your grant application.

Narrative

The Narrative should be attached to the FY 2015 Quarterly Agency Service Statistics.

I. Program Activities

Report what occurred in the quarter.

II. Progress on the objectives defined in your application.

List the objectives defined in your application and report on the progress achieved during the reporting period.

III. Problems encountered during the reporting period.

Record the problems you encountered and how you handled the problems.

Potential Examples

Example, if staffing was a challenge, list the staff that vacated the position, the amount of time there was a vacancy and the name and date of hire of new staff. If this impacted the clients you served, explain how you addressed this.

Example: You are funded to provide services to high risk children. During the recent quarter you notice that your number of referrals is down. You investigate and learn the school social worker has retired. You conclude the referrals are down because new school staff is not aware of your program. Although the reporting period numbers are lower than anticipated, you conduct necessary outreach to advertise your service and meet define objectives.

Example: You are funded to initiate a new program. The training you need to begin the program will not be offered until second quarter. Explain and discuss your plans.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

Describe any significant remaining areas of need. Consider geographic regions, undeserved populations, service delivery systems and challenges and barriers unique to McLean County.

V. What has BOH funding allowed you to do that you could not do without this funding?

As with any grant, you should be prepared to explain what would occur if you did not receive funding. You will be required to answer this question once during the funding grant cycle; however you may wish to answer quarterly.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

Potential examples:

A vignette or anecdote may be placed in this area.

Since implementing best practice standards, 80% of those you serve are engaged in full time employment.

Using participant centered planning, a recent client satisfaction survey indicated that improving client well being.

Agency xyz was recognized by the DHS funder.

VII. Provide any additional information that you would like us to know about the data submitted.

If you have information that could be helpful in understanding the data you have submitted in this report, please answer this question.



2016 Quarterly Report - DRAFT

Agency: _____

Program: _____

January 1, 2016 - March 31, 2016 _____ July 1, 2016 - September 30, 2016 _____
April 1, 2016 - June 30, 2016 _____ October 1, 2016 - December 31, 2016 _____

Quarterly Reporting Guidance

New Clients

New clients are new to your agency. Meaning, this is the first time they received services at your agency or the client's case was closed by your agency and the client is returning as a new client.

Examples:

- Report the total number of new clients (new to agency) receiving psychiatric services.
- Report the total number of clients (new to agency) enrolled in XYZ group session.

Closed clients

Total number of clients closed during the quarter.

On-going clients

Report the total number of on-going clients. Remember this is an unduplicated count. During the first quarter, this count will include all clients engaged in on-going services at your agency.

Total

Total of new, closed and on-going clients which provides a total unduplicated count of those served during the quarter.

New Clients	Closed	On-Going Clients	Total

Demographics

Age Groups and Gender

Record the appropriate age category for each gender for those served in the reporting period. The combined total number should match the total number of clients served in the quarter.

Age Groups	Male	Female
0-5		
6-12		
13-17		
18-21		
22-30		
31-60		
60 & Up		
Unknown		
Total		

Race/Ethnicity

Record the appropriate race/ethnicity for those served in the reporting period. The combined total number should match the total number of clients served in the quarter.

Race/Ethnicity	Number
African American / Black	
American Indian/Alaska Native	
Asian	
Caucasian/White	
Hispanic/Latino	
Native Hawaiian/Pacific Islander	
Other	
Total	

Residence

Record the residence category for those served in the reporting period. The combined total number should match the total number of clients served in the quarter.

Residence	Number
Anchor	
Arrowsmith	
Bellflower	
Bloomington	
Carlock	
Chenoa	
Colfax	
Cooksville	
Danvers	
Downs	
El Paso	
Ellsworth	
Gridley	
Heyworth	
Hudson	
LeRoy	
Lexington	
McLean	
Normal	
Saybrook	
Stanford	
Towanda	
Other: Please list location	
Total	

Insurance Coverage

Record the type of insurance for those served in the reporting period. The combined total number should match the total number of clients served in the quarter.

Insurance Coverage	Number
Medicaid	
Private Insurance	
Uninsured	
Total	

Referral Source

List your primary referral sources for new clients served during the reporting period.

For example, you served eleven new individuals this reporting period. Two were referred by Bloomington High School, one was referred by the Normal Police Department, four were self referrals, two were referred by primary doctor Smith, one referred by DCFS and one from a private therapist.

Referral Sources

Narrative

I. Progress on the objectives defined in your application.

List the objectives defined in your application and report on the progress achieved during the reporting period.

II. Challenges encountered during the reporting period.

Record the problems you encountered and how you handled the problems.

Potential Examples:

- If staffing was a challenge, list the staff that vacated the position, the amount of time there was a vacancy and the name and date of hire of new staff. If this impacted the clients you served, explain how you addressed this.
- You are funded to provide services to high risk children. During the recent quarter you notice that your number of referrals is down. You investigate and learn the school social worker has retired.
- You conclude the referrals are down because new school staff is not aware of your program. Although the reporting period numbers are lower than anticipated, you conduct necessary outreach to advertise your service and meet defined objectives.

- You are funded to initiate a new program. The training you need to begin the program will not be offered until second quarter. Explain and discuss your plans.

III. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

Describe any significant remaining areas of need. Consider geographic regions, underserved populations, service delivery systems and challenges and barriers unique to McLean County.

IV. What has BOH funding allowed you to do that you could not do without this funding?

As with any grant, you should be prepared to explain what would occur if you did not receive funding. You will be required to answer this question once during the funding grant cycle; however you may wish to answer quarterly.

V. Comments and Anecdotal Information: Provide additional information that you would like us to know about your program and the effectiveness of your grant.

Potential examples:

- A vignette or anecdote may be placed in this area.
- Since implementing best practice standards, 80% of those you serve are engaged in full time employment.
- Using participant centered planning, a recent client satisfaction survey indicated improving client well being.
- Agency xyz was recognized by the DHS funder.

Certifications

Prepared by:
Approved by:

Date:
Date:

Attached: Financials ☐ Minutes ☐